

PUBLIC LAW 94-437 TITLE I - IHS SCHOLARSHIP PROGRAM  
NOTIFICATION OF ACADEMIC PROBLEM/CHANGE

Form Approved  
OMB No. 0917-0006  
Exp. Date: 12/31/97

See Estimated Average Burden Time  
per Request on Reverse Side

If you experience any academic problems, are placed on academic probation, or fall below the minimum full-time course curriculum (12 credit hours) or the minimum part-time course load (6 credit hours), you must submit this report. **DO NOT SUBMIT THIS REPORT IF YOU ARE ENROLLED IN AT LEAST 12 CREDIT HOURS AS FULL-TIME OR 6 CREDIT HOURS AS PART-TIME AND ARE PERFORMING SATISFACTORILY (at least a "C" or better), IN ALL CLASSES.**

NAME OF RECIPIENT

HEALTH DISCIPLINE

SOCIAL SECURITY NUMBER

NAME OF EDUCATIONAL INSTITUTION

TYPE OF PROGRAM: \_\_\_\_ Preparatory \_\_\_\_ Pre-graduate \_\_\_\_ Health Professions

CIRCLE ONE: Fall Winter Spring Summer CIRCLE ONE: Semester Quarter

**INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:**

\_\_\_\_ I AM CURRENTLY ENROLLED IN THE MINIMUM REQUIREMENT OF 12 CREDIT HOURS BUT HAVING PROBLEMS.

\_\_\_\_ I AM A PART-TIME STUDENT CURRENTLY ENROLLED IN AT LEAST 6 CREDIT HOURS BUT HAVING PROBLEMS.

\_\_\_\_ I HAVE BEEN PLACED ON ACADEMIC PROBATION.

\_\_\_\_ I HAVE DROPPED COURSES WITH RECOMMENDATION AND APPROVAL OF MY ADVISOR.

\_\_\_\_ Previous Enrolled Credit Hours

\_\_\_\_ Current Enrolled Credit Hours

DESCRIPTION OF PROBLEM: \_\_\_\_\_

**LIST BY COURSE NUMBER, TITLE, AND HOURS THE COURSES YOU ARE HAVING PROBLEMS IN:**

COURSE NUMBER	TITLE	HOURS
_____	_____	_____
_____	_____	_____

**DESCRIBE YOUR PROPOSED ACTION (i.e., obtain tutor assistance, seek no assistance and withdraw or terminate, etc.):** \_\_\_\_\_

STUDENT'S SIGNATURE

DATE

ADVISOR'S SIGNATURE

DATE

SCHOLARSHIP COORDINATOR'S SIGNATURE

DATE REVIEWED

BRANCH CHIEF'S SIGNATURE

DATE REVIEWED